



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant: Li**

**Serial No.: 09/817,538**

**Examiner: Schmidt, M.**

**Filed: March 26, 2001**

**Group Art Unit: 1635**

**Entitled: Antisense Oligonucleotide Inhibition of Specific  
Histone Deacetylase Isoforms**

**Docket No.: MET-021US2 (1002/022)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST TO CORRECT ATTORNEY OR AGENT OF RECORD**

Dear Sir:

It has come to the attention of Applicants through the Electronic Business Center of the U.S. Patent & Trademark Office that the undersigned is not listed as Attorney or Agent of Record in the instant application. Accordingly, Applicants enclose the following documents:

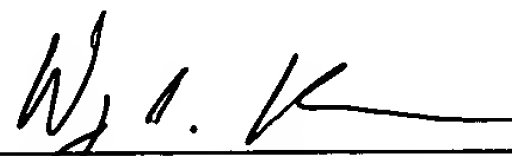
1. A copy of Declaration and Power of Attorney signed by Applicant on June 4, 2991
2. A copy of Returned Post Card dated June 28, 2001
3. A copy of Change of Correspondence Address executed by the undersigned on February 28, 2002
4. A copy of Returned Post Card dated April 1, 2002

Inventor: Li  
U.S. Serial No. 09/817,538  
Filing Date March 26, 2001  
Page 2

Applicants respectfully request that the records of the U.S. Patent & Trademark Office be corrected and that the undersigned be properly listed as the Attorney or Agent of Record. If the Examiner believes that any discussion of this communication would be helpful, the undersigned attorney can be reached by telephone at 781-933-6630.

Respectfully submitted,

Dated: 4/8/04

  
\_\_\_\_\_  
Wayne A. Keown, Ph.D.  
Registration No. 33,923  
Attorney for Applicants

Keown & Associates  
500 West Cummings Park  
Suite 1200  
Woburn, MA 01801  
781-938-1805



Image

AF 1635

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/817,538	
	<b>Filing Date</b>	03/26/2001	
	<b>First Named Inventor</b>	Li	
	<b>Group Art Unit</b>	1635	
	<b>Examiner Name</b>	Schmidt, M.	
<b>Total Number of Pages in This Submission</b>	10	<b>Attorney Docket Number</b>	MET-021US2

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	1. Postcard 2. Request to Correct Attorney or Agent of Record	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Wayne A. Keown, Ph.D. (Reg. No. 33,923)
Signature	
Date	4/8/04

<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 4/9/04			
Typed or printed name	Melissa SIMPSON		
Signature	Melissa Simpson	Date	4/9/04

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MET-021US2  
1002/022

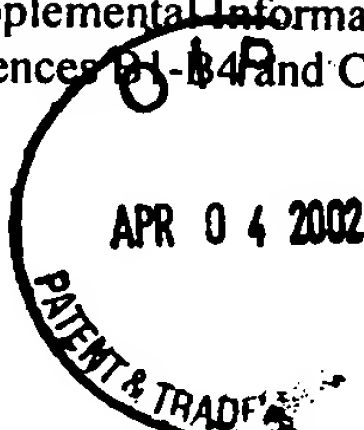
By First Class Mail: Transmittal Letter; Supplemental Information Disclosure Statement; PTO Form 1449; Copies of references B1-B4 and C9-C10; Change of Correspondence Address

Applicant: Li et al.  
Serial No: 09/817,538  
Attorney: Wayne A. Keown, Ph.D., Reg. No. 33,923  
Date: April 1, 2002

MET-021US2  
1002/022

By First Class Mail: Transmittal Letter; Supplemental Information Disclosure Statement; PTO Form 1449; Copies of references B1-B4 and C9-C10; Change of Correspondence Address

Applicant: Li et al.  
Serial No: 09/817,538  
Attorney: Wayne A. Keown, Ph.D., Reg. No. 33,923  
Date: April 1, 2002





Antisense oligonucleotide inhibition of specific  
Title: Histone deacetylase isoforms

Serial or Patent # 09/817,538 1<sup>st</sup> Inventor: Li Applicant: Methylgene

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| <input type="checkbox"/> Applicant Claims Small Entity Status  | <input checked="" type="checkbox"/> Copy of <input checked="" type="checkbox"/> Response to Notice to File Missing Parts                      |
| <input type="checkbox"/> Provisional Application Cover Sheet   | <input type="checkbox"/> Preliminary Amendment  |
| <input type="checkbox"/> New Application ( <input type="checkbox"/> Design )   | <input type="checkbox"/> IDS, PTO-1449, and <input type="checkbox"/> refs/pub (Supp. )  |
| Specification - Total Pages _____  | <input type="checkbox"/> Sequence listing: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Disk (CFR) <input type="checkbox"/> Paper |
| Formal Drawings - Total Sheets _____   | <input type="checkbox"/> Petition for <input type="checkbox"/> month extension of time  |
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| <input type="checkbox"/> unsigned; <input type="checkbox"/> copy from priority case  | <input type="checkbox"/> Appellant's Brief (triplicate) ( <input type="checkbox"/> Reply Brief )  |
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| <input type="checkbox"/> Application Data Sheet (Initial Information Data Sheet)   |   |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part of App No: _____ |   |

☒ Other: Trans. letter

☒ Other: Specification

Mailing Date: 6/28/01 Attorney Docket No. 106101.194 Filed By: RM/VJE/K1

Antisense oligonucleotide inhibition of specific  
Title: Histone deacetylase isoforms

Serial or Patent # 09/817,538 1<sup>st</sup> Inventor: Li Applicant: Methylgene

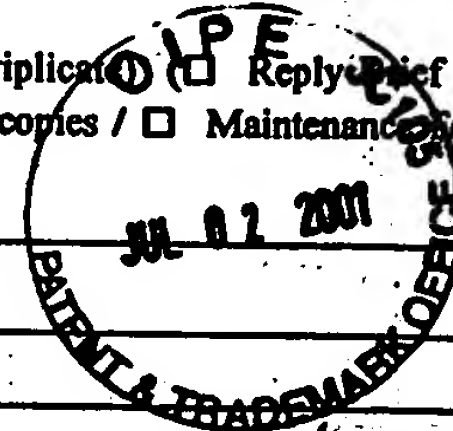
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| <input type="checkbox"/> Applicant Claims Small Entity Status  | <input checked="" type="checkbox"/> Copy of <input checked="" type="checkbox"/> Response to Notice to File Missing Parts                      |
| <input type="checkbox"/> Provisional Application Cover Sheet   | <input type="checkbox"/> Preliminary Amendment  |
| <input type="checkbox"/> New Application ( <input type="checkbox"/> Design )   | <input type="checkbox"/> IDS, PTO-1449, and <input type="checkbox"/> refs/pub (Supp. )  |
| Specification - Total Pages _____  | <input type="checkbox"/> Sequence listing: <input type="checkbox"/> CD-ROM <input type="checkbox"/> Disk (CFR) <input type="checkbox"/> Paper |
| Formal Drawings - Total Sheets _____   | <input type="checkbox"/> Petition for <input type="checkbox"/> month extension of time  |
| <input type="checkbox"/> CPA application <input type="checkbox"/> RCE application  | <input type="checkbox"/> Response to Office Action / Restriction Req.   |
| <input checked="" type="checkbox"/> Oath or Declaration: <input checked="" type="checkbox"/> newly executed                              | <input type="checkbox"/> Notice of Appeal   |
| <input type="checkbox"/> unsigned; <input type="checkbox"/> copy from priority case  | <input type="checkbox"/> Appellant's Brief (triplicate) ( <input type="checkbox"/> Reply Brief )  |
| <input type="checkbox"/> Assignment and Recordation Form   | <input type="checkbox"/> Issue Fee + <input type="checkbox"/> soft copies / <input type="checkbox"/> Maintenance Fee                          |
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| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part of App No: _____ |   |

☒ Other: Trans. letter

☒ Other: Specification

Mailing Date: 6/28/01 Attorney Docket No. 106101.194 Filed By: RM/VJE/K1





## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	09/817,538
Filing Date	03/26/01
First Named Inventor	Li
Art Unit	1635
Examiner Name	Schmidt, M.
Attorney Docket Number	MET-021US2

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<input checked="" type="checkbox"/> Firm or Individual Name	Wayne A. Keown				
Address	500 West Cummings Park				
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Applicant/Inventor.

☐

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

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Attorney or Agent of record.

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Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

Wayne A. Keown

Signature

W. A. Keown

Date

3/28/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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